

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADJUDICATORY ASSIGNMENT		ADJUDICATORY ASSIGNMENT										
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP	CHD	DEP
1	1						91								
2	1						92								
3		2					93								
4		2					94								
5		1					95								
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50															
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	5						TOTAL DEP.								
TOTAL CLAIMS	7						TOTAL CLAIMS								